The Army Suicide Prevention Program

Suicide Prevention and Awareness Training for the United States Army

Prepared by

The American Association of Suicidology

and

The U. S. Army Center for Health Promotion and Preventive

USACHPPM
Readiness thr

Our Mission

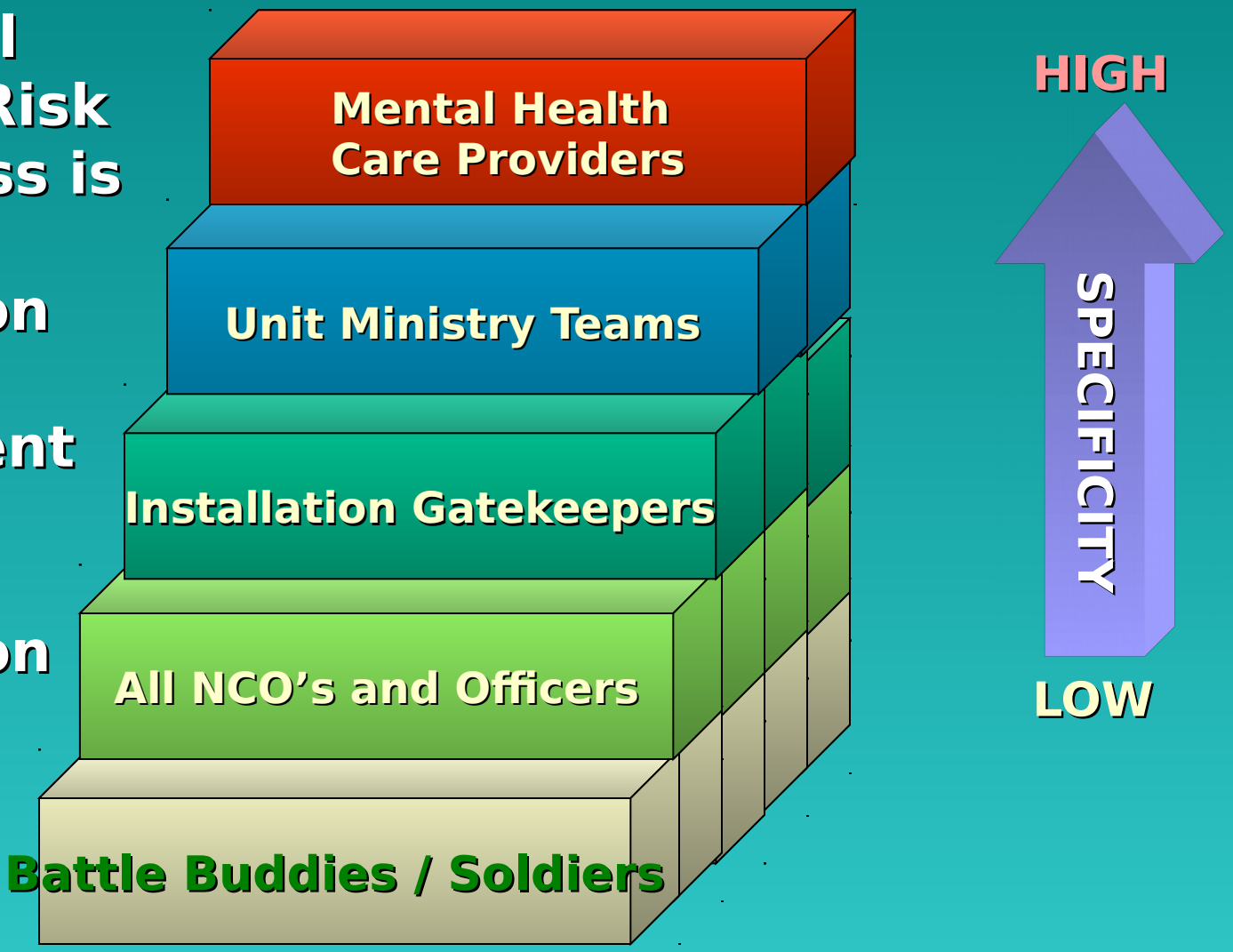
Minimize Army suicidal behavior by encouraging

help-seeking and providing "Buddy Care."

The Army Suicide Prevention Program is based on trained and ready personnel at all levels. The mission of all personnel is to encourage help-seeking behaviors and to attain proficiency in the "Buddy Care" principles in this training module.

Levels of Training

Individual Suicidal Risk Awareness is the foundation for all subsequent levels of Suicide Prevention Training.



Support: Learning Objectives

1. Describe primary, secondary, and tertiary suicide prevention
2. Identify personal and environmental protective factors
3. Know information about local support resources and programs

Support: Learning Objectives

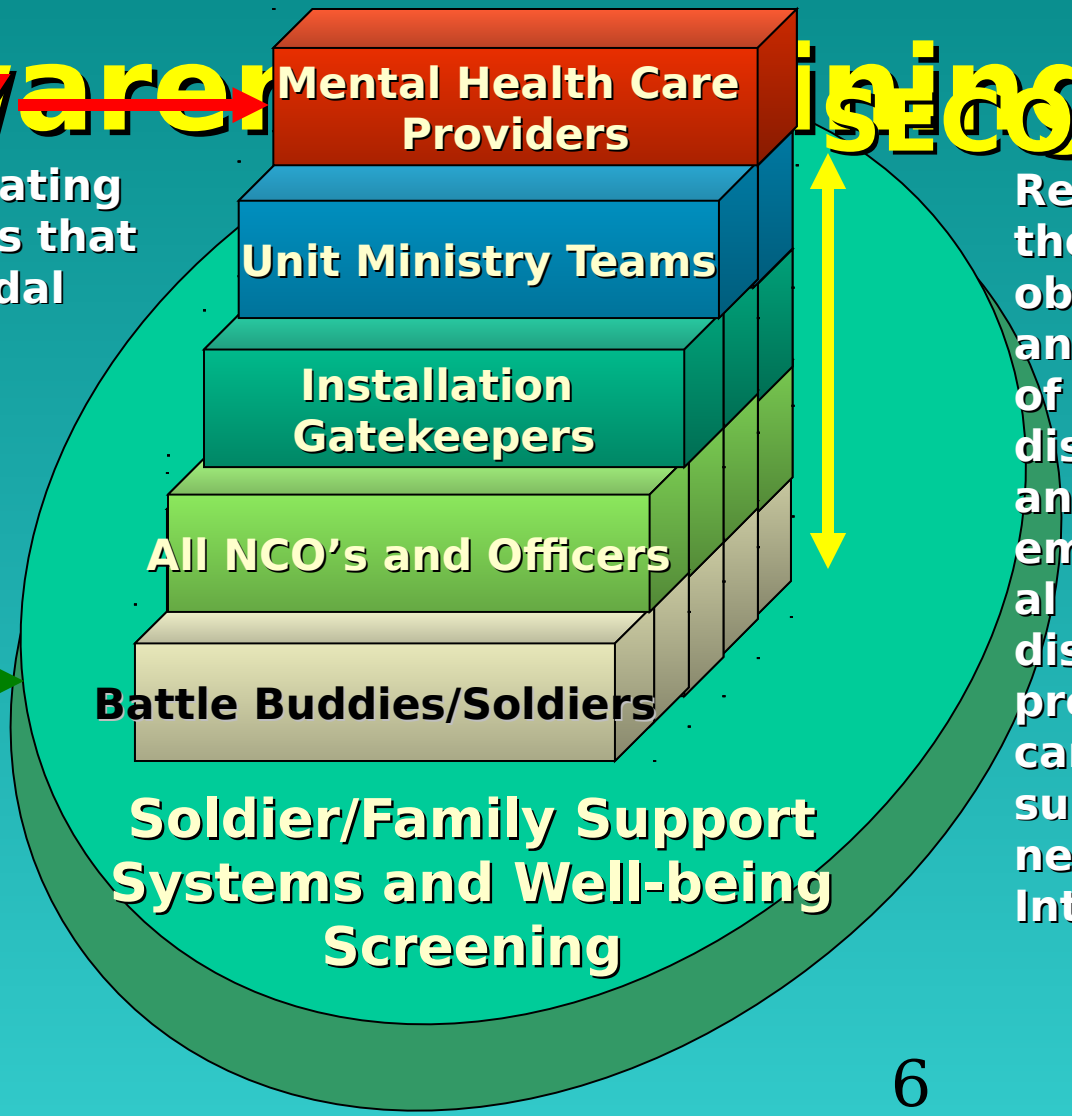
4. Promote cohesion and a sense of belonging

5. Encourage help seeking behavior

Army Suicide Prevention and Awareness Training

TERTIARY

Recognizing and treating psychiatric disorders that result in acute suicidal Behaviors.



SECONDARY

Recognizing the obvious signs and symptoms of distress/crisis and potential emotional/mental disorder while providing caring support and needed Interventions.

PRIMARY

Anticipating potential times of crisis and structuring pre-emptive support systems.

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Structure

Screen (Primary)

Spot (secondary)

Secure (Tertiary)

SUPPORT

Personal Protective Factors

- Easy temperament
- Previous experience with self-mastery, problem solving, and crisis resolution
- Optimistic outlook
- Social/emotional competence
- High self esteem, self worth

Personal Protective Factors

- Decision making, problem solving skills
- Sense of personal control, self efficacy
- Sense of belonging to a group and/or organization
- High and realistic expectations
- High spiritual resiliency

Environmental Protective Factors

- Strong family relationships
- Models of healthy coping
- Encouragement of participation
- Opportunities to make significant contributions

Environmental Protective Factors

- Available social supports
- Available helping resources
- Healthy spiritual/religious affiliation
- Cultural and religious beliefs against suicide and in support of self-preservation

Support

- The Reasons for Living Inventory, Linehan, Goodstein, Nielsen & Chiles (1983)

- Spirituality and Resilience Assessment Packet, Version 4.2, Kass (2000)

Connections save lives.

- Spiritual connectedness
- Unit cohesiveness

Seeking help is a sign of effectively dealing with problems, and of strength rather than weakness.

A good leader does not expose those under his/her command to unnecessary risk.

Support

- Promote a norm of mutual Buddy Care among all military personnel: "We *are* our brother's keepers!"
- Pay attention to warning signs and respond to those who need help

Support

- Pay close attention to the personal needs of your people and be on the lookout for signs of stress

- Communicate in your words and actions that it is not only acceptable, but a sign of strength, to recognize life problems and get help to deal with them constructively

Support

- Support and protect to the fullest extent possible those courageous people who seek help early, before a crisis develops

Support

- Create a responsive, caring, and responsible environment where individuals are motivated to seek help with personal struggles without fear of being singled out

Support

- Foster a social climate in your unit that communicates to everyone, “You belong here.”

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Screen: Learning Objectives

- Understand the benefits of gated screening
- Be informed about the confidentiality of screening results
- Be informed about secondary screening instruments

Screen

- The Army Structure makes screening viable
- Screening must be gated
- The Suicide Prevention Standing Committee collects and reports anonymous data

Screen

Goldberg Well-Being Scale (1972)

Please circle the most appropriate response:

	In the last two weeks have you:	*Not at all*	*No more than usual*	*A little more than usual*	*A lot more than usual*
1	Been able to concentrate on whatever you're doing?	1	2	3	4
2	Lost much sleep over worry?	1	2	3	4
3	Felt that you are playing a useful part in things?	1	2	3	4
4	Felt capable of making decisions about things?	1	2	3	4
5	Felt constantly under strain?	1	2	3	4
6	Felt that you couldn't overcome your difficulties?	1	2	3	4
7	Been able to enjoy your normal day-to-day activities?	1	2	3	4
8	Been able to face up to your problems?	1	2	3	4
9	Been feeling unhappy and depressed?	1	2	3	4
10	Been losing confidence in yourself?	1	2	3	4
11	Been thinking of yourself as a useless person?	1	2	3	4
12	Been feeling reasonably happy, all things considered?	1	2	3	4

Screen

- Goldberg Well-being Scale information will be disclosed only to the individual and will be used only to assess and assist personnel during of times of distress.
- Unit Trends may be reported to the Unit Commander as a gauge of his/her unit well-being.

Screen

- Multidimensional Health Profile (MHP) Ruehlman, Lanyon & Karoly

- Life Stressors and Social Resources Inventory (LISRES-Adult), Moos

Gatekeeper Lesson 1

All Personnel

Gatekeeper Lesson 1
Learning Objectives

1. Understand The Suicide Model.
2. Answer general questions about suicide.
3. Identify common precipitants of suicide.
4. Identify symptoms of depression.
5. Identify myths about suicide.
6. Identify warning signs of suicide.
7. Take appropriate action in response to at-risk individual.

Main Points

- The Suicide Model
- What is suicide?
- Why should we know about suicide?
- Why do people commit suicide?
- Some stressful situations that can trigger suicidal feelings in the Army
- Who commits suicide?

Main Points

- Special problems that can cause suicidal feelings
- Misconceptions about suicide

Main Points

- How can you tell if someone is thinking about committing suicide?
- Common symptoms of depression and hopelessness

Main Points

- Referral procedures

The Army Suicide Prevention Model

INDIVIDUA

L READINESS

Normal Life Stressor or Disorder

PREVENTION

- **Identifying "High Risk" Soldiers**
- **Caring and Proactive Leaders**
- **Encouraging Help Seeking Behavior**
- **Positive Life Coping Skills**

Awarenes s Training

Referra l

Life Crisis

INTERVENTION

- **Suicide Awareness and Vigilance**
- **Integrated & Synchronized Unit and Community-wide support Agencies**
- **Assured Problem Resolution**

Outpatient Care

Suicidal Ideation

SECURE

- **Safeguard**
- **Psychiatric Treatment**
- **Psychiatric Assessment**

Inpatient Care

Follow on Care

Suicide Behaviors

DEATH

Postventio n

Continuity of Care

(Installation Standing Committee)

Suicidal Behavior

- Serious suicidal thoughts or threats
- Self destructive acts
- Attempts to harm, but not kill oneself
- Attempts to commit suicide
- Completed suicide

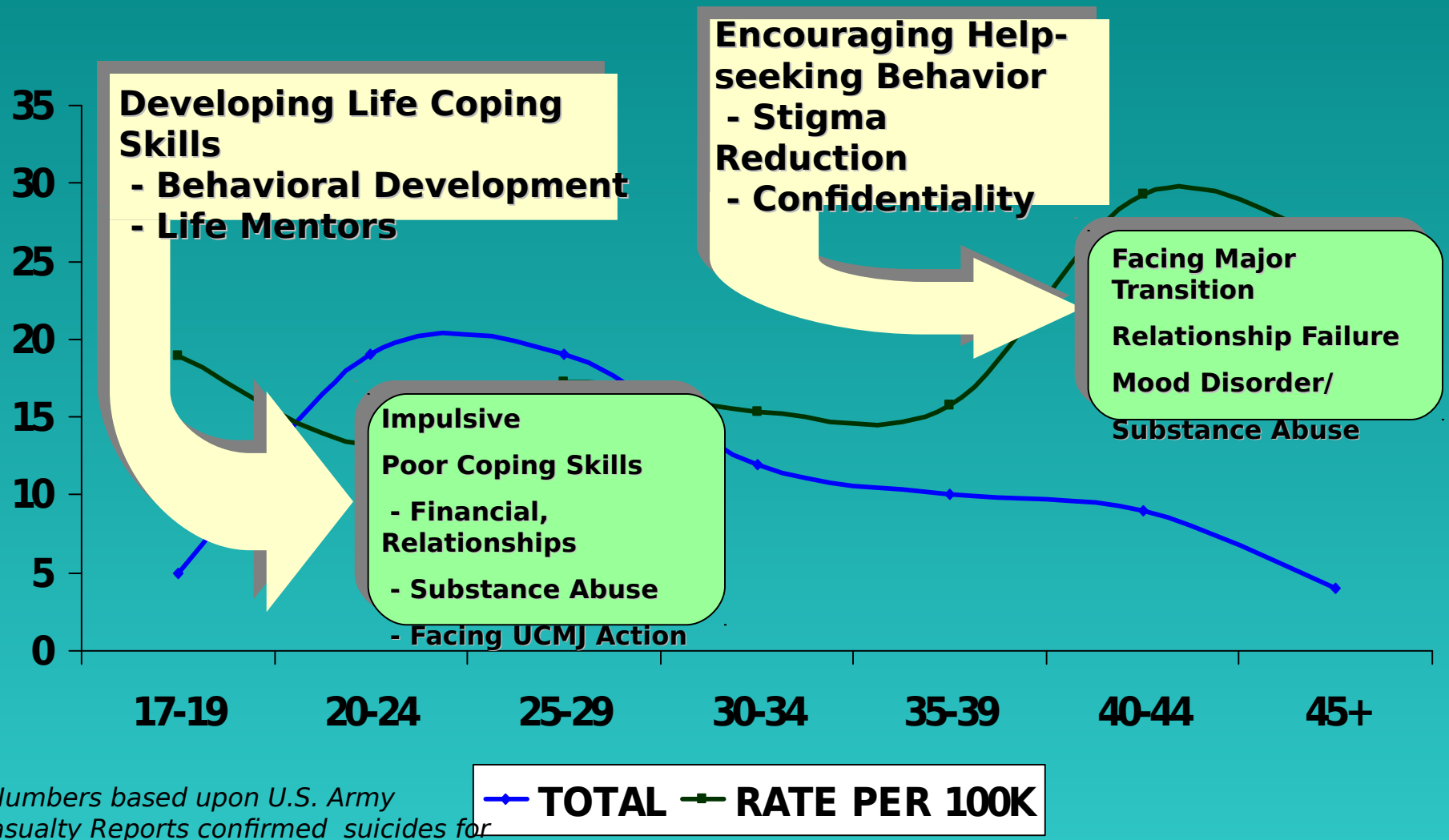
Triggers of Suicidal Behavior

- A bad evaluation for an enlisted soldier or officer
- The breakup of a close relationship
- Drug or alcohol abuse
- Reunion from a long field training or isolated tour
- Leaving old friends
- Being alone with concerns about self or family
- Financial stressors
- New military assignments

Triggers of Suicidal Behavior

- Recent interpersonal losses
- Loss of esteem/status
- Humiliation
- Rejection (e.g., job, promotion boy/girlfriend)
- Disciplinary or legal difficulty
- Suicide of a friend or family member
- Discharge from treatment or from service
- Retirement

"Bimodal" Distribution



•*Numbers based upon U.S. Army Casualty Reports confirmed suicides for active duty RA, ANG, USAR for CY 99*

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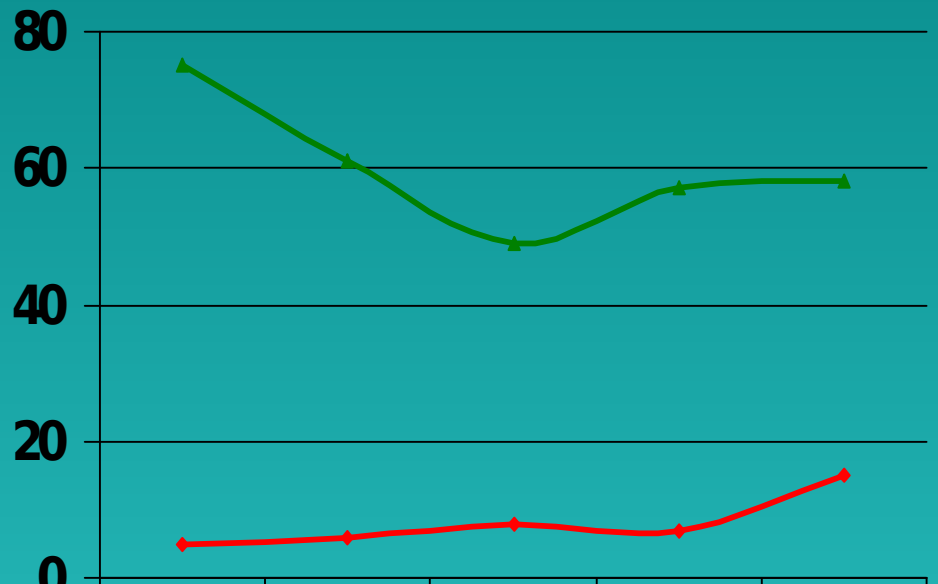
Readiness thru Health

Suicide Totals by Force

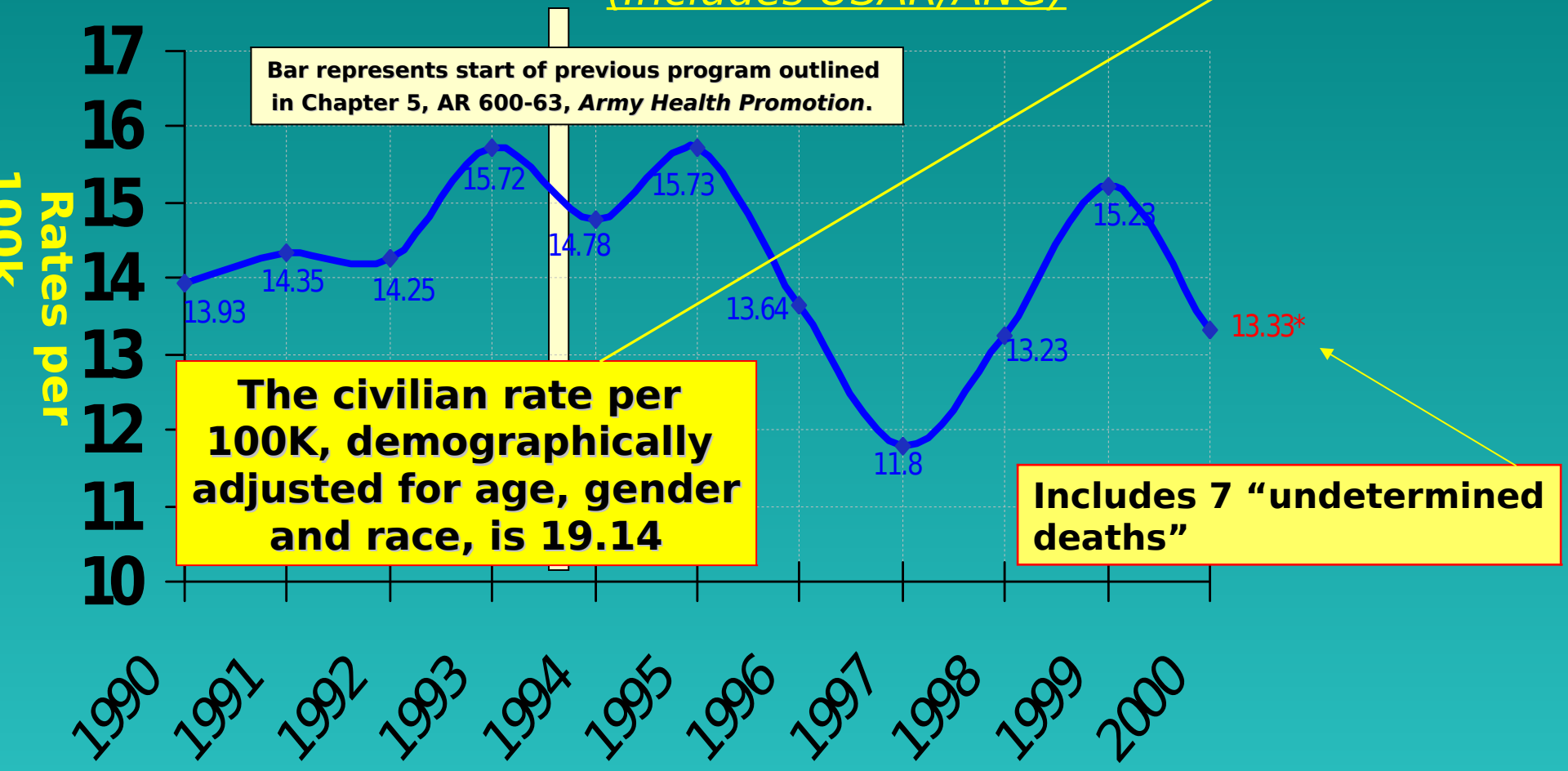


	1995	1996	1997	1998	1999
ANG/USAR Suicide Totals	5	6	8	7	15
RA Suicide Totals	75	61	49	57	58

ANG/USAR Suicide Totals RA Suicide Totals

Suicide Rate Trends*

(Includes USAR/ANG)



The civilian rate per 100K, demographically adjusted for age, gender and race, is 19.14

Includes 7 "undetermined deaths"

87 90 80 80 67 57 63 74 66 63

e 1990's, the Army lost a battalion's equivalent (800) to suicide

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Readiness thru Health

Gatekeeper Lesson 2

Officers and NCOs

Synchronized Prevention Measures

Leader Involvement

- Supervises Suicide Prevention Standing Committee
- Coordinates Community Support Agencies Involvement

Support Measures

- Integrates and Synchronizes Community Prevention Programs

Installation Suicide Prevention Standing Committee

Bn and Bde Commanders

- Manages Subordinate Units Programs
- Ensures Active UMT Participation
- Support Life Skills Training

Mental Health Providers

- Prescreening
- Providing M.H. Surveillance
- Psychiatric Care
- Advises Cdr's
- SME for Prevention Training

Company Commander

- Responsible for Unit Level Training
- Responsible for Individual Well-being
- Confidentiality

Community Support Agencies

- Cross Talks Risk Identification

First Line Supervisor

- Encourages Help-Seeking Behavior
- Sense of Unit Belonging
- Positive Role Model
- Knowledge of Support Agencies
- Genuine Interest and Concern
- Risk Identification

Unit Ministry Teams

- Unit Level Instruction
- Counseling/Life Skills Training
- Encourages Help-seeking Behavior
- Positive Role Model
- Principle Advisor to Leadership

Battle Buddies

- Knowledge of Support Agencies
- Genuine Interest and Concern
- Risk Identification

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Readiness thru Health

Gatekeeper Lesson 2
Learning Objectives

1. Inquire about suicide
2. Respond to phone callers
3. Obtain help for suicidal individuals

Responding to Statements or Threats

- Stay calm
- Send someone for help
- Do not leave alone
- Buy time

Responding to Statements or Threats

- Acknowledge
- Listen
- Convey

Responding to Statements or Threats

- Secure
- Note the time
- Take action

Asking About Suicide

- Review your evidence
- Inquire or state about feelings
- Persist
- “Sometimes” approach

Asking About Suicide

- Ask directly
- Get help
- Convey concern

Gatekeeper Lesson 3

Formal Gatekeepers

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Readiness thru Health

Gatekeeper Lesson 3 Learning Objectives

- Identify risk factors for suicide
- Conduct basic risk assessment

Risk Assessment Questions

1. Have you been thinking of killing yourself?
2. What has happened that makes life not worth living?
3. How will you do it?
4. How much do you want to die?

Risk Assessment Questions

5. How much do you want to live?

6. How often do you have these thoughts?

7. When you think of suicide, how long do the thoughts stay with you?

8. Have you ever attempted suicide?

Risk Assessment Questions

9. Have you been drinking heavily lately or taking drugs?
10. Has anyone in your family committed or attempted suicide?
11. Is there anyone or anything to stop you?
12. On a scale of 1 to 10, what is the probability that you will kill yourself?

Secure

Health Care Professionals

Synchronized Prevention Measures

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Support Measures

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- Principle Advisor to Leadership

Battle Buddies

- Knowledge of Support Agencies
- Genuine Interest and Concern
- Risk Identification

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Readiness thru Health

Secure: Learning Objectives

1. Become knowledgeable about Army suicide policies and procedures

2. Conduct advanced risk assessment

The Suicide Prevention Standing Committee

- Sets local policies and procedures for:
  - Individuals suspected of being at risk for suicide
  - Individuals who are talking about/threatening suicide

The Suicide Prevention Standing Committee

- Sets local policies and procedures for:
  - Individuals who attempt suicide
  - Completed suicides

Steps in Suicide Assessment

1. Set the stage for the interview
2. Assess for risk factors and warning signs for suicide
3. Inquire about suicidal ideation
4. Determine the level of suicide risk

Assessing the Suicide Plan

- Perturbation
- Cognitive construction
- Intentionality
- Lethality

Assessing the Suicide Plan

- Specificity
- Method
- Means

Questions